

# **ROBERT & HARRIETT KRAUSMAN MEMORIAL SCHOLARSHIP**

To apply for a scholarship submit the application and return it, with required attachments, to the address shown on the application.

## **ELIGIBILITY CRITERIA**

- Be from a low to moderate income family
- Entering Freshman
- Florida Applicants: Be a permanent resident of Dade, Broward or Palm Beach county
- Out of State: accepted athletic scholarship.
- Attending four year education institution in South Florida.
- An eligible Florida 4 year school is located only in three counties Dade, Broward & Palm Beach.

# ROBERT & HARRIETT KRAUSMAN MEMORIAL SCHOLARSHIP

## APPLICATION INFORMATION

First Name	MI	Last Name	
Permanent Street Address <i>(no P.O. Boxes)</i>	City / State		Zip
Permanent Phone <i>(Area code and Number)</i>	Other Phone <i>(Area code and Number)</i>		
Birth Date <i>(Month/Date/Year)</i>	Social Security #		
Applicant's Email Address			
Name of Father/Guardian		Name of Mother/Guardian	

## EDUCATION INFORMATION

### Graduating High School Seniors

Current High School	SAT Score		GPA	Class % rank
	Reading	Math		
College you will attend in Fall			Anticipated Academic Major	
Activities Participation				

## FINANCIAL INFORMATION

Mother's/Guardian's Income \_\_\_\_\_/year      Father's/Guardian's Income \_\_\_\_\_/year

Your Income \_\_\_\_\_/year      Untaxed Income *(Social Sec, AFDC, Other)* \_\_\_\_\_/year

Cash/Savings, CDs, etc \_\_\_\_\_      First-generation college student?      Yes\_\_ No\_\_

Number of Family Members \_\_\_\_\_      US Citizen \_\_\_\_\_      Permanent Resident \_\_\_\_\_

Current known sources of financial aid \_\_\_\_\_

### Estimated Information

Tuition / Fees                    \$ \_\_\_\_\_  
 Books / Materials                \$ \_\_\_\_\_  
 Room & Board                    \$ \_\_\_\_\_  
 Miscellaneous                    \$ \_\_\_\_\_  
 Total                                \$ \_\_\_\_\_

### Estimated Income

Other Scholarships/Grants        \$ \_\_\_\_\_  
 Loans                                \$ \_\_\_\_\_  
 Family Support                    \$ \_\_\_\_\_  
 Employment                        \$ \_\_\_\_\_  
 Other                                 \$ \_\_\_\_\_  
 Total                                \$ \_\_\_\_\_

***Failure to completely fill out above section may result in applicant not being considered.***

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## APPLICATION SUBMISSION

**APPLICATION MUST INCLUDE ALL REQUIRED DOCUMENTS AND BE POSTMARKED NO LATER THAN THE REQUIRED DUE DATE**

### Required Documents

An application is considered "complete" only if it is accompanied by the following documents, which must be submitted together with this application

1. Personal Narrative  
Please describe in approximately one page format, no more than two, what you liked best about your most time consuming extracurricular activity
2. Required Submissions
  - A. Letters of Recommendation  
Each applicant must submit **two** letters of recommendation.  
Letters should be on organization letterhead and address the following:
    - Reference's relationship to applicant
    - Length of time acquainted with applicant
    - Applicant's strengths and weaknesses
    - Applicant's goals
    - Examples that elaborate on the applicant's commitment to the community.
  - B. A copy of your parent's most recent tax return
  - C. A photo of applicant would be appreciated.

**Mail your completed application with all required documents to:**

**Due date** is postmarked **May 1**, of your entering freshman year.

### GoldenEast Financial Group

P.O. Box 2099  
Boca Raton, FL 33427

Please do not send your application by certified, express, priority mail.

**Regular mail is required.**

I certify that the information given on this application is true. I understand that any change in residency, school or enrollment status not consistent with the guidelines of the program may disqualify my scholarship award. My signature below verifies I have read and accept these conditions

Signed \_\_\_\_\_

Date \_\_\_\_\_